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| U.  | NITED STATES BAN  | NKRUPTCY COURT  |   |  |  |
|---|---|---|---|--|--|
|   | DISTRIC   | CT OF New Jersey  |   |  |  |
| <u><er< u=""></er<></u>   | nter Division name if appl  | icable, else delete this text>                                  |   |  |  |
| In Re. Northlands Orthopaedic Insti   | itute LLC §   | Case No. 25-11372   |   |  |  |
| Debtor(s)   | § §   | ☐ Jointly Administered  |   |  |  |
| <b>Monthly Operating Repo</b>   | rt  | Chapter 1   | 1 |  |  |
| Reporting Period Ended: 04/30/2025  |   | Petition Date: 02/10/2025                                       |   |  |  |
| Months Pending: 3   |   | Industry Classification: 8 0 1 1                                |   |  |  |
| Reporting Method:   | Accrual Basis   | Cash Basis •  |   |  |  |
| Debtor's Full-Time Employees (current   | t):   | 0   |   |  |  |
| Debtor's Full-Time Employees (as of d   | ate of order for relief):   | 0   |   |  |  |
|   |   |   |   |  |  |
| Supporting Documentation (check   | k all that are attached):   |   |   |  |  |
| (For jointly administered debtors, any requ   | ired schedules must be provide  | d on a non-consolidated basis for each debtor)                  |   |  |  |
| Statement of cash receipts and Balance sheet containing the su Statement of operations (profit Accounts receivable aging Postpetition liabilities aging Statement of capital assets Schedule of payments to profest Schedule of payments to inside All bank statements and bank r Description of the assets sold of | ummary and detail of the ass or loss statement) ssionals ers econciliations for the reporti | = =   |   |  |  |
|   |   |   |   |  |  |
| /s/ Turner N. Falk Signature of Responsible Party   |   | Turner N. Falk Printed Name of Responsible Party                |   |  |  |
| 05/23/2025  |   |   |   |  |  |
| Date  | <del></del>   | 1500 Market Street,38th Floor, Philadelphia PA 19102<br>Address | _ |  |  |

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R.  $\S$  1320.4(a)(2) applies.

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| Par      | t 1: Cash Receipts and Disbursements  | <b>Current Month</b> | Cumulative |
|----------|---|----------------------|------------|
| a.       | Cash balance beginning of month   | \$42,946             |            |
| b.       | Total receipts (net of transfers between accounts)  | \$147,940            | \$348,316  |
| c.       | Total disbursements (net of transfers between accounts)   | \$100,000            | \$165,000  |
| d.       | Cash balance end of month (a+b-c)   | \$90,886             |            |
| e.       | Disbursements made by third party for the benefit of the estate   | \$0                  | \$0        |
| f.       | Total disbursements for quarterly fee calculation (c+e)   | \$100,000            | \$165,000  |
|          | t 2: Asset and Liability Status  t generally applicable to Individual Debtors. See Instructions.)                     | <b>Current Month</b> |            |
| a.       | Accounts receivable (total net of allowance)  | \$443,915            |            |
| b.       | Accounts receivable over 90 days outstanding (net of allowance)   | \$0                  |            |
| c.       | Inventory (Book ( Market ( Other ( (attach explanation))  | \$0                  |            |
| d        | Total current assets  | \$534,801            |            |
| e.       | Total assets  | \$1,987,296          |            |
|          | Postpetition payables (excluding taxes)   |                      |            |
| f.       |   | \$0<br>\$0           |            |
| g.       | Postpetition payables past due (excluding taxes)  |                      |            |
| h.       | Postpetition taxes payable  | \$0                  |            |
| i.       | Postpetition taxes past due   | \$0                  |            |
| j.       | Total postpetition debt (f+h)   | \$0                  |            |
| k.       | Prepetition secured debt  | \$7,782,153          |            |
| 1.       | Prepetition priority debt   | \$0                  |            |
| m.       | Prepetition unsecured debt  | \$3,865,350          |            |
| n.       | Total liabilities (debt) (j+k+l+m)  | \$11,647,503         |            |
| o.       | Ending equity/net worth (e-n)   | \$-9,660,207         |            |
| Par      | t 3: Assets Sold or Transferred   | <b>Current Month</b> | Cumulative |
| a.       | Total cash sales price for assets sold/transferred outside the ordinary   |                      |            |
|          | course of business  | \$0                  | \$0        |
| b.       | Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business     | \$0                  | \$0        |
| c.       | Net cash proceeds from assets sold/transferred outside the ordinary   |                      | ΨΟ         |
|          | course of business (a-b)  | \$0                  | \$0        |
|          | t 4: Income Statement (Statement of Operations)   | <b>Current Month</b> | Cumulative |
| a.       | of generally applicable to Individual Debtors. See Instructions.)  Gross income/sales (net of returns and allowances) | \$147,940            |            |
| a.<br>b. | Cost of goods sold (inclusive of depreciation, if applicable)   | \$0                  |            |
| о.<br>с. | Gross profit (a-b)  | \$147,940            |            |
| d.       | Selling expenses  | \$0                  |            |
|          |   | \$0                  |            |
| e.<br>f. | General and administrative expenses Other expenses  | \$0                  |            |
| g.       | Depreciation and/or amortization (not included in 4b)   | \$0                  |            |
| b.       | Interest  | \$0                  |            |
| i.       | Taxes (local, state, and federal)   | \$0                  |            |
|          |   | \$0                  |            |
| j.       | Reorganization items  | 30                   |            |

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|         |                                 |                              | Approved<br>Current Month | Approved Cumulative | Paid Current<br>Month | Paid<br>Cumulativ |
|---------|---------------------------------|------------------------------|---------------------------|---------------------|-----------------------|-------------------|
| Debtor  | 's professional fees & expenses | (bankruptcy) Aggregate Total |                           |                     |                       |                   |
| Itemize | ed Breakdown by Firm            |                              |                           |                     |                       | •                 |
|         | Firm Name                       | Role                         |                           |                     |                       |                   |
| i       |                                 |                              |                           |                     |                       |                   |
| ii      |                                 |                              |                           |                     |                       |                   |
| iii     |                                 |                              |                           |                     |                       |                   |
| iv      |                                 |                              |                           |                     |                       |                   |
| v       |                                 |                              |                           |                     |                       |                   |
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| XXXV    |                                 |                              |                           |                     |                       |                   |

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|        |  |                             | Approved<br>Current Month | Approved Cumulative | Paid Current<br>Month | Paid<br>Cumulative |
|--------|--|-----------------------------|---------------------------|---------------------|-----------------------|--------------------|
| Debto  | or's professional fees & expenses (non | bankruptcy) Aggregate Total |                           |                     |                       |                    |
| Itemiz | Itemized Breakdown by Firm             |                             |                           |                     |                       |                    |
|        | Firm Name                              | Role                        |                           |                     |                       |                    |
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|------------|-----------------------------------|--|--|--|
| c          |                                   |  |  |  |
| c. All pro | ofessional fees and expenses (del |  |  |  |

| Pa | rt 6: Postpetition Taxes  | <b>Current Month</b> | Cumulative                |
|----|---|----------------------|---------------------------|
| a. | Postpetition income taxes accrued (local, state, and federal)   | \$                   | 0 \$0                     |
| b. | Postpetition income taxes paid (local, state, and federal)  | \$                   | 0 \$0                     |
| c. | Postpetition employer payroll taxes accrued   | \$                   | 0 \$0                     |
| d. | Postpetition employer payroll taxes paid  | \$                   | 0 \$0                     |
| e. | Postpetition property taxes paid  | \$                   | 0 \$0                     |
| f. | Postpetition other taxes accrued (local, state, and federal)  | \$                   | 0 \$0                     |
| g. | Postpetition other taxes paid (local, state, and federal)   | \$                   | \$0                       |
| Pa | rt 7: Questionnaire - During this reporting period:   |                      |                           |
| a. | Were any payments made on prepetition debt? (if yes, see Instructions)  | Yes O No •           |                           |
| b. | Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) | Yes O No •           |                           |
| c. | Were any payments made to or on behalf of insiders?   | Yes No •             |                           |
| d. | Are you current on postpetition tax return filings?   | Yes   No             |                           |
| e. | Are you current on postpetition estimated tax payments?   | Yes   No             |                           |
| f. | Were all trust fund taxes remitted on a current basis?  | Yes   No             |                           |
| g. | Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions)                         | Yes O No •           |                           |
| h. | Were all payments made to or on behalf of professionals approved by the court?                                    | Yes O No N/A         | •                         |
| i. | Do you have: Worker's compensation insurance?   | Yes   No             |                           |
|    | If yes, are your premiums current?  | Yes   No   N/A       | (if no, see Instructions) |
|    | Casualty/property insurance?  | Yes   No             |                           |
|    | If yes, are your premiums current?  | Yes  No No N/A       | (if no, see Instructions) |
|    | General liability insurance?  | Yes   No             |                           |
|    | If yes, are your premiums current?  | Yes   No   N/A       | (if no, see Instructions) |
| j. | Has a plan of reorganization been filed with the court?   | Yes O No •           |                           |
| k. | Has a disclosure statement been filed with the court?   | Yes O No •           |                           |
| 1. | Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?                             | Yes O No •           |                           |

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Debtor's Name Northlands Orthopaedic Institute LLC

Case No. 25-11372

| Par   | t 8: Individual Chapter 11 Debtors (Only)  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| a.  | Gross income (receipts) from salary and wages  | \$0  |  |  |  |  |
| b.  | Gross income (receipts) from self-employment   | <del></del>  |  |  |  |  |
| c.  | Gross income from all other sources  | \$0  |  |  |  |  |
| d.  | Total income in the reporting period (a+b+c)   | \$0  |  |  |  |  |
| e.  | Payroll deductions   | <del></del>  |  |  |  |  |
| f.  | Self-employment related expenses   | <del></del>  |  |  |  |  |
| g.  | Living expenses  | <del></del>  |  |  |  |  |
| h.  | All other expenses   | <del></del>  |  |  |  |  |
| i.  | Total expenses in the reporting period (e+f+g+h)   | \$0  |  |  |  |  |
| j.  | Difference between total income and total expenses (d-i)   | \$0  |  |  |  |  |
| k.  | List the total amount of all postpetition debts that are past due  | <del></del>  |  |  |  |  |
| 1.  | Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?  | Yes O No •   |  |  |  |  |
| m.  | If yes, have you made all Domestic Support Obligation payments?  | Yes O No N/A •   |  |  |  |  |
| thr<br>bei<br>is r<br>law<br>ma<br>Ex<br>Re<br>ww   | 704, 1106, and 1107. The United States Trustee will use this information S.C. § 1930(a)(6). The United States Trustee will also use this information ough the bankruptcy system, including the likelihood of a plan of reorgang prosecuted in good faith. This information may be disclosed to a bank needed to perform the trustee's or examiner's duties or to the appropriate of the enforcement agency when the information indicates a violation or potent defor routine purposes. For a discussion of the types of routine disclosure ecutive Office for United States Trustee's systems of records notice, UST cords." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the row, justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this oversion of your bankruptcy case or other action by the United States Trustee's Trustee's the United States Trustee's the Un | on to evaluate a chapter 11 debtor's progress nization being confirmed and whether the case is kruptcy trustee or examiner when the information federal, state, local, regulatory, tribal, or foreign nitial violation of law. Other disclosures may be res that may be made, you may consult the G-001, "Bankruptcy Case Files and Associated notice may be obtained at the following link: http://s information could result in the dismissal or |  |  |  |  |
| I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate. |  |  |  |  |  |  |
| /s/   | Kinga Skalska-Dybas King   | ga Skalska-Dybas   |  |  |  |  |
| Sign  | nature of Responsible Party Printe   | d Name of Responsible Party  |  |  |  |  |
| CF  | O 05/2.  | 3/2025   |  |  |  |  |

Date

Title







